

## **Application Data Sheet**

### **Application Information**

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Suggested Group Art Unit::       | N/A  |
| CD-ROM or CD-R?::                | None   |
| Sequence submission?::           | None   |
| Computer Readable Form (CRF)?::  | No   |
| Title::                          | METHOD FOR TREATING WOUNDS TO<br>PROMOTE HEALING |
| Attorney Docket Number::         | MEDNUT 3.0-002                                   |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | No   |
| Suggested Drawing Figure::       | FIG. 1   |
| Total Drawing Sheets::           | 2  |
| Small Entity?::                  | Yes  |
| Petition included?::             | No   |
| Secrecy Order in Parent Appl.?:: | No   |

### **Applicant Information**

|                                  |                       |
|----------------------------------|-----------------------|
| Applicant Authority Type::       | Inventor              |
| Primary Citizenship Country::    | US                    |
| Status::                         | Full Capacity         |
| Given Name::                     | Arnold                |
| Middle Name::                    | M.                    |
| Family Name::                    | Gans                  |
| City of Residence::              | Englewood             |
| State or Province of Residence:: | NJ                    |
| Country of Residence::           | US                    |
| Street of mailing address::      | 10 West Forest Avenue |
| City of mailing address::        | Englewood             |

State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07631

**Correspondence Information**

Correspondence Customer Number:: 000530

**Representative Information**

Representative Customer Number:: 000530

**Domestic Priority Information**

| Application::    | Continuity Type::                                       | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/422,164           | 10/29/02             |

**Assignee Information**

Assignee name:: Medical Nutrition USA, Inc.  
Street of mailing address:: 10 West Forest Avenue  
City of mailing address:: Englewood  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07631